RECEIVED

PARTIAL A S S I G N M E H T

MAR 1 0 1993 WATER RESOURCES DEPT

The same of the sa			, OREGON
I, Bruce Carpenter			iof
(Name of Permi	ttee)		
P.O. Box 1045 Eagle Po	int OF	97524	
(libiling Address) (City) (Sta	ite) (Zip)
a port		,	
do hereby assign all my interest in and to	water right appl	lication No. 707	41
permit No. 51161 , as filed in the of	fice of the Water	Resources Dire	ctor, to
	•		•
Jim L. Sesma and Laura D (Name)	. Sesmat:		
	<u>``</u>	· ~	, ,
1959 SO Stage Rd Med			301
(Mailing Address) (City) . (Sta	ite) (Zip)
WITNESS my hand this 54 day	of /	MARCH , 19	92.
	- '		<i></i>
E OF OREGON, ss	7	Pareto	
ty of Marion.		Permittee)	
e aloth day of May, 1993, at &		,	
k and was recorded in Miscellaneous		**************************************	
ds, Vol Page			
Water Resources Director		• •	
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en en en la filosofia de la companya de la company La companya de la co	•		
County of Jackson	4'		
5th	day of	March	, ₁₉ .93
BE IT REMEMBERED, That on this	for the State of Oreg	on, personally appea	ared the withi
before me, the undersigned, a Notary Public in and named Bruce Carpenter		•••••	
		•••••	
known to me to be the identical individual des	scribed in and who e	xecuted the within i	instrument an
acknowledged to me that he exc	ecuted the same freely	and voidinarily.	
IN TESTIMO	NY WHEREOF, I ha my official seal	ve hereunto set my n the day and year las	anu anu annxe t above writter
EARDARA	Britan	al. Mas	ujo
NOTARY PUBLIC - OREGON	Amount	Notary P	ublic for Orego
My Commission Expires	My commission exp	ires	74